

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/07/2009</b>
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NAME OF PROVIDER OR SUPPLIER

**HUNTSVILLE MANOR**

STREET ADDRESS, CITY, STATE, ZIP CODE

**287 BAKER STREET  
HUNTSVILLE, TN 37756**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 278 SS=D	<p><b>483.20(g) - (j) RESIDENT ASSESSMENT</b></p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to accurately complete the Minimum Data Assessment (MDS) for two residents (#1, #2) of five sampled residents.</p> <p>The findings included:</p>	F 278	<p>F278 483.20 (j) Resident Assessment</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice;</p> <ol style="list-style-type: none"> <li>The MDS Assessment of Resident #1 and Resident #2 has been corrected and accurately reflects the resident's status. Completion date: 5/8/09</li> </ol> <p>Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:</p> <ol style="list-style-type: none"> <li>100% audit of residents charts has been completed by the Director of Nursing and MDS Coordinator to verify all residents MDS assessments accurately reflect the resident's status. Completion date: 5/18/09</li> </ol> <p>Measures/systematic changes put in place to ensure the deficient practice does not recur;</p> <ol style="list-style-type: none"> <li>In-service conducted by RAI Specialist with the MDSC, DON, NHA, and Risk Manager on "Ongoing Assessment of Resident's Progress/Status". Completion date: 5/19/09</li> </ol> <p>Physician orders, grievances, psychological and/or behavior updates are reviewed in regularly scheduled morning meetings by MDSC to verify accuracy of MDS assessment to assure reflection of resident's status.</p> <p>Monitoring of corrective action to ensure the deficient practice will not recur;</p> <ol style="list-style-type: none"> <li>DON and ADON ( or Risk Manager in Absence of DON or ADON) will audit 5 resident charts per week for 4 weeks to assure accurate reflection of resident's status of MDS assessment.</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Carla Smith*

TITLE

*Administrator*

(X6) DATE

*5/13/09*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 21 2009

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NAME OF PROVIDER OR SUPPLIER  <b>HUNTSVILLE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>287 BAKER STREET</b> <b>HUNTSVILLE, TN 37756</b>		
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F 278	<p>Continued From page 1</p> <p>Resident #1 was admitted to the facility on March 6, 2009, with diagnoses including Vascular Dementia. Medical record review of the MDS dated March 13, 2009, revealed the resident had no short or long term memory impairment and required assistance with decision-making skills in new situations only. Medical record review of the care plan dated March 16, 2009, revealed, "...will follow simple directions and make simple decisions..." Medical record review of the occupational therapy evaluation dated March 19, 2009, revealed, "...oriented to person..."</p> <p>Interview with LPN #1 (the MDS nurse) on May 5, 2009, at 3:35 p.m., in an office, revealed the MDS did not accurately reflect the resident's mental ability. Interview with the director of nursing on May 5, 2009, at 1:00 p.m., in an office, revealed the resident did not have good decision-making skills, and confirmed the MDS assessment was incorrect.</p> <p>Resident #2 was readmitted to the facility on March 25, 2009, with diagnoses including Encephalopathy. Medical record review of the MDS dated April 12, 2009, revealed the resident had no short or long term memory impairment and required assistance with decision-making skills only. Medical record review of the Mini Cognitive Assessment dated January 30, 2009, revealed the resident scored zero of three regarding recall of words (indicating impairment of mental function). Medical record review of the mental health documentation dated March 1, 2009, revealed, "...oriented to person, situation judgment impaired..." Medical record review of the history and physical dated March 12, 2009, revealed, "...dementia, increased confusion, wandering...partially oriented to time..."</p>	F 278	<p>Overall findings will be reported to the NHA immediately when policy is not adhered to.</p> <p>Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy.</p> <p>Report of overall findings and subsequent disciplinary action, if applicable will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse) to review the need for continued intervention or amendment of plan.</p> <p>5. Completion date:</p>	5/19/09	

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F 278	Continued From page 2  Interview with the director of nursing on May 5, 2009, at 12:50 p.m., in an office, revealed the resident had poor decision-making skills, and confirmed the MDS assessment was incorrect.  C/O: #22784	F 278			

MAY 21 2009